



EmployeeUPDATE

Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

May is Asthma Awareness Month

Every day, many North Carolinians suffer from asthma. May is the month our state and our nation publicly recognize asthma as a chronic disease that can be controlled with proper medical support and knowledge about what triggers asthma episodes.

“Asthma is a chronic disease of tremendous public health importance here in North Carolina,” said State Health Director Leah Devlin. “It poses both a health and economic burden to individuals, families, and the state.”

The Burden of Asthma in North Carolina 2006, published by the N.C. Asthma Program in DHHS, reports that more than 10 percent of adults and nearly 18 percent of children under 18 reported in 2005 that they been told by a health care provider that they have asthma.

The Asthma Program and its largest partner, the Asthma Alliance of North Carolina (AANC), have also developed a five-year North Carolina Asthma

Plan to guide asthma initiatives throughout the state, improve the quality of asthma care and management, and help reduce the burden of asthma among the populations that are most affected by the disease. The AANC is a statewide partnership of local and state government agencies, academic institutions, local asthma coalitions, community non-profits, and private industry working collaboratively to address asthma.

The Burden of Asthma document and state Asthma Plan can be found as links in photographs near the right margin on the North Carolina Asthma Program web site, www.asthma.ncdhhs.gov.

The North Carolina Asthma Program and the AANC recently convened their partners for the sixth Annual Asthma Summit on April 17 in Burlington. The North Carolina Asthma Plan was officially released, with a kick-off of the important initiatives outlined in the plan. The Summit provided an



Pam Ellwood, co-chair of the Asthma Coalition of Cleveland County, received the state Asthma Champion Award, presented by the Asthma Alliance of North Carolina. Ellwood was cited for her work in promoting asthma awareness.

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opportunity for asthma champions throughout North Carolina to showcase success stories and share strategies for dealing with asthma in our communities.

Asthma will be the topic on the OPEN/Net broadcast with the N.C. Agency for Public Telecommunications on Tuesday May 15 at 8 p.m. Find your local cable channel that carries OPEN/net on APT's web site, www.ncapt.tv/local.htm. ■



Debra Yarbrough, chairman of the Craven-Pamlico Asthma Coalition, holds a sign the coalition designed for placement around schools in areas where school buses and parents waiting for their children idle their engines. Engine exhaust and tobacco smoke, both discouraged by the sign, are asthma triggers.

What is asthma?

Asthma is one of the most common chronic diseases that affects the lungs, causing repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. An asthma attack or episode is an inflammation of the airways. As the air moves through the lungs, the airways become smaller and less air passes in and out due to the tightening of muscles around the airways.

Indoor and outdoor environmental triggers such as allergens and irritants can lead to asthma attacks. Some triggers can be reduced or controlled. Some of the more common triggers are:

- Cockroaches and pests
- Pet dander and pets
- Dust mites
- Secondhand smoke, irritants from tobacco smoke and strong odors
- Molds
- Nitrogen dioxide (odorless gas that can be a byproduct of indoor fuel-burning appliances)
- Ozone air pollution
- Allergens
- Weather changes
- Viral or sinus infections
- Exercise
- Reflux disease
- Medications
- Foods
- Emotional anxiety

Every person has their own triggers and can minimize symptoms by avoiding those triggers and by working with their health care provider to develop an effective management and treatment plan.

Helpful resources for health professionals



The North Carolina Healthy Start Foundation (www.NCHealthyStart.org) distributes two free electronic newsletters for health professionals and health educators.

INCite is a monthly e-newsletter focusing on the health and well-being of women and young children in North Carolina. To subscribe, contact incite@NCHealthyStart.org.

Maternidad Latina is the foundation's bimonthly, English-language e-newsletter offering cultural and linguistic competency tips for healthcare professionals

serving or working with Latinas. Contact mlatina@nchealthystart.org for a free subscription. ■

Five awards recognize efforts to help homeless in N.C.

Five awards given in recognition of outstanding contributions by a church and by citizens to help the homeless in North Carolina highlighted the tenth N.C. Conference on Homelessness.

DHHS Secretary Carmen Hooker Odom presented the awards April 11 at the conclusion of the two-day conference. The awards are made through a nomination process that is open to agencies and service providers across the state.

“These are the people who get up early or go to bed late as they dedicate so much of their time and resources toward helping our state’s homeless populations,” Hooker Odom said. “Their commitment to those less fortunate is having positive impact on the lives of the homeless, and in many cases helping them to find housing and the assistance they need.”

Award recipients are:

- Westover Church of Greensboro – Outstanding Congregation Award, created in recognition that congregations and communities of faith always have been and continue to be instrumental in community efforts to improve the lives of poor and struggling people, particularly in serving homeless people. Westover Church has formed a network of more than 3,000 volunteers who participate on various projects including efforts to strengthen homeless programs.
- James Butler of Asheville – Outstanding Personal Achievement Award, given to a formerly homeless person who has found work and a home. Butler became resident manager for an 18-bed permanent supported housing facility for homeless in Asheville, where he continues to go out onto the streets to check on homeless people he has met in shelters where he has stayed.
- Dr. Larry Weatherly, Superintendent of Richmond County Schools – Outstanding Professional Advocate Award, for his efforts that challenge teachers and employees to “make sure that the children and parents are not out on the street,” and for many years of advocating for and assuring that services are in place to keep homeless people from falling through the safety net.
- William Magnum of William Magnum Fine Arts and Gifts, Greensboro – Outstanding Community Impact Award, for answering a calling to assist nonprofits across the state to fulfill their mission of providing effective services to homeless people. He allowed Greensboro Urban Ministries to use his Holiday Honor Cards to raise funds starting in 1988. Since then with help from the Wachovia Foundation, he has assisted homeless service agencies in eight communities to solicit donations. Through his Honor Cards, Greensboro Urban Ministries has raised more than \$1.7 million.
- Mark and Angela Hollar of Gastonia – Outstanding Volunteer Award, for their steadfast assistance through the Gaston County Interfaith Hospitality Network to assist homeless families with food, shelter, counseling services and opportunities to remedy the causes of their individual homelessness. The Hollars coordinate the program at Gaston’s First United Methodist Church, one of 11 host congregations in the GCIHN program.

This year’s homelessness conference theme, “Walking Home Together: Steps to a practical approach,” focused on solutions.

“We are fortunate in North Carolina that so many people are dedicated toward helping individuals and families to find long-term housing and the supports they need,” said Linda Povlich, chairman of the N.C. Interagency Coordinating Council for Homeless Programs.

More than 500 people involved in addressing the needs of homeless people participated in the conference, held at the Jane S. McKimmon Center in Raleigh. Participants represented social service agencies, faith-based

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Five awards help recognize homeless cont. from page 3

organizations health care providers, employment agencies, the criminal justice system, housing developers and property managers, mental health and substance abuse staff, agency administrators, educators. ■

Holding their awards following presentation April 11 are, left to right, William Mangum, Dr. Larry K. Weatherby, Director of Local Ministries Wes Ward and Elder Doug Whitefield of Westover Church, Mark and Angela Hollars, and James Butler.

Honored at homelessness conference



DHHS programs showcase assistive technology at the legislature

DHHS hosted an Assistive Technology (AT) Day at the North Carolina General Assembly on March 28.

AT is any type of equipment that helps people with disabilities or older individuals to be more independent at home, school, work, leisure time or in community life. ■

Participating programs including the divisions of Services for the Blind, Services for the Deaf and the Hard of Hearing, Vocational Rehabilitation Services, and Public Health had equipment and assistive technology devices displayed and available for demonstration.

AT Day was an opportunity to educate the members of the General Assembly about the different types of equipment and devices that allow adults and children with disabilities to function more independently every day.



Mizie Finke, left, legislative assistant for state Rep. Curtis Blackwood, receives information from Carol Williams, resource specialist with the N.C. Assistive Technology Program, during AT-Day March 28 at the legislature.

DSS' Jane Schwartz featured in Food Stamps film

A short film touting the Food Stamps program features commentary from Jane Schwartz, Division of Social Services' chief of economic services.

Also appearing in "Making America Stronger: The U.S. Food Stamps Program" are such notables as former U.S. senators Bob Dole and George McGovern. Schwartz appears on camera to debunk a prevalent Food Stamps myth – that recipients are "those who won't work."

The reality is that many working families depend on Food Stamps. In North Carolina, more than 30 percent of households receiving Food Stamps assistance have some earned income. North Carolina currently has about 800,000 residents – half of them children – who eat better thanks to Food Stamps.

"It was a great opportunity to provide information about the program," said Schwartz, who is active in national organizations and work groups. The documentary was produced by the nonprofit Center on Budget and Policy Priorities of Washington, D.C. Narrated by actor Jeff Bridges, the 14-minute film coincides with current discussions in Congress on reauthorizing a Farm Bill provision that funds the Food Stamps program.

The short film also commemorates the 30th anniversary of the modern Food Stamps program. Food Stamps have helped feed the nation's hungry since the Great Depression. But prior to the 1977 Food Stamps Reform Act, the program required buy-in from recipients – literally.

"If the requirement was to put up \$10 to get \$50 [in Food Stamps], many people simply couldn't find a way to come up with that \$10," said Schwartz, who has worked with Food Stamps since 1974, when she was a novice caseworker with Guilford County Department of Social Services. She has worked with state DSS in the Economic Assistance Section since 1984.

"Food Stamps" is actually a misnomer. In the mid 1990s the inked coupon books were phased out in favor of a debit-card-like automated system, saving printing and distribution costs and making access to the program easier for those in need.

The film (available for free download with Internet Explorer at www.cbpp.org/foodstamp-video.htm) portrays Food Stamps as one of the more successful government assistance programs. Schwartz said the nature of the benefit and its visible results make the program successful.



Jane Schwartz

"It's not a cash payment. It has a specified purpose – to buy food – so that resources can't be diverted for another purpose," she said. "It encourages good nutrition, and it puts food on the table." ■



Jalil Isa

iSalud y Saludos!

Saying 'cheese'

Saying 'cheese' in English may bring a smile to your face – especially if a camera is nearby. But these days, the health community is anything but smiles when it comes to cheese in the Latino community. That's because more and more cases of diseases are popping up as a result of unpasteurized cheeses being consumed by Hispanics in many communities.

Queso Fresco, or fresh cheese, is to many Latinos what peanut butter might represent to Anglos in the United States. The cheese is a common food item used with tortillas. Other times, it may be eaten on its own. In fact, a particularly sturdy kind is sometimes eaten alone, too, but not before being fried first! Yeah, it may not be the healthiest food choice. But, then again, neither are potato chips and soda – and these, at least, are not food items typically consumed in large quantities by Hispanics – at least not those who haven't spent a considerable amount of time in this country.

But getting back to the cheese – go to any area *tienda* and you'll find plenty of dairy products. Most of them are properly prepared and stored. Unfortunately, sometimes unpasteurized cheese makes its way to certain shelves. Often, unpasteurized cheese skips the

checkout counter altogether and ends up in someone's refrigerator after being purchased from street vendors selling from the backs of their vans.

From the cultural perspective of individuals who have been educated in this country, the notion of buying cheese out of someone's trunk is, at best, something that might make us cringe. Yet for people who've spent a lifetime doing just that, it's nothing more than standard practice. And if they've been lucky enough to never get sick from it, then "what's the problem," they might ask. I know I've drunk milk directly from the cow. And in a state with as much farmland as North Carolina, I'd be surprised if a number of people reading this column hadn't. This may not be the safest bet, but when in Rome...

Of course, the problem is that diseases like salmonella, listeriosis and the less common *Bacillus cereus* and campylobacter – just to name a few – are often harbored in unpasteurized dairy products. The resulting illnesses can lead to vomiting, diarrhea, and other unpleasant symptoms that usually don't last more than a couple of days. But the diseases can take a greater toll on people who are not in good health to begin with. Death can result in some rare cases.

A different cultural take on this whole practice, however, might be to think about how much care we take to avoid any contamination of any kind in our foods. Still, despite our best efforts, grading systems and health alerts, we still get sick. We still suffer from food poisoning. And we still go back to eating more or less how we always have before. It's no different for the average Latino. Cultural habits are hard to change. And, many Latinos may not even know that it's illegal in North Carolina to sell unpasteurized cheese. They're just doing what they always have.

Nevertheless, we still do the best we can to educate the public – native or not – about safer and healthier practices. The hope is that we can at least *reduce* the number of people getting sick...or worse. In the meantime, don't stop enjoying cheese at your local *tienda*. Just make sure it's properly labeled and has been pasteurized before you decide to make your favorite dish featuring *queso fresco*. ■

Blind skier competes in Norway

Renee Abernathy, a social worker for the blind in Gaston County, was one of two blind U.S. skiers picked to attend the Ridderrenn ski event in Norway in March.

The Ridderrenn, or Knights Race, is an annual international winter sports week for skiers of all skill levels who have visual or mobility disabilities. Each year, about 500 skiers from 15 to 20 nations participate.

Abernathy and Chris Leghorn represented the United States in the cross-country skiing competitions. Abernathy participated in all the competitions, including the biathlon. She found the experience rewarding, challenging, and inspirational, with many athletes of different nationalities and various disabilities enjoying competing together.



Renee Abernathy

Abernathy was chosen for the Ridderrenn at the Ski for Light International 2007 week in New Hampshire, another annual cross-country ski event for blind and mobility impaired skiers. ■

Easter Bunny Drive a huge success



It was a record-breaking year for the 14th annual DHHS Bunny Drive, according to the department's "Bunny Chick." More than 1,300 brand new bunnies, chicks and other furry stuffed critters were donated by DHHS employees from all divisions. Folks from the N.C. Wildlife Resources Commission also contributed.

The furry Easter friends were distributed to the following facilities:

Wake Children's ER
Wake Pediatric Unit
Wake Rehab
Wake Children's Same Day Surgery
Tammy Lynn Center
Dix Hospital

Rex Rehab
Rex Pediatric Unit
Johnston Memorial Hospital
Johnston Memorial Hospital
Same Day Surgery
Western Wake Hospital
Magnolia Living Center
Liberty Commons Nursing
and Rehab Center ■

Diabetes Advocacy Day

Madeline Edwards, a dynamic 11-year-old sixth-grader at Eastern Wayne Middle School, has stuck her fingers more than 8,000 times. Edwards recently won the "CBS Livingroom... Live! Kids Edition" singing competition. She has good friends, a loving and supportive family, and a couple of stories about some mean kids at school. She also spoke and sang at Diabetes Advocacy Day in Raleigh on March 27. Madeline, who has had Type 1 diabetes since she was 4 years old, said that three things help her through her diabetes – her friends, her family, and her belief in God.

Madeline's speech and those of N.C. State Board of Education Chair Howard Lee and Dr. Marcus Plescia, chief of the Chronic Disease and Injury Prevention Section of the Division of Public Health, were part of the activity-filled Diabetes Advocacy Day celebration to raise awareness about diabetes prevention and control efforts throughout the state. The event, which drew dozens of people, was hosted by the N.C. Diabetes Advisory Council, which advises the N.C. Diabetes Prevention and Control Branch in DPH. The day's events began with a prevention awareness walk around the State Capitol, proceeded to the Museum of History for a program, and continued with a health fair and exhibits in the Legislative Building and an appearance by The Diabetes Bus in the N.C. Department of Administration's parking lot.

Madeline spoke about a couple of kids at her school who threw used candy wrappers at her to make fun of her



Madeline Edwards and her father, Michael



Prevention Awareness Walkers



Inside The Diabetes Bus

diabetes, but she also talked about her best friend, who knows when she is high or low. Madeline wears an insulin pump to help control her diabetes. In addition to speaking, Madeline sang "Never Alone," which she said she chose because it gives her strength to continue fighting her diabetes.

Madeline is a strong advocate for finding a cure for diabetes. When she was seven years old, she made her own CD, which included songs in five languages. Profits from the sale of the CD were donated to the Juvenile Diabetes Research Foundation. Her

contribution totaled approximately \$6,000.

While Madeline talked about finding a cure for Type 1 diabetes, Lee talked about prevention and control of Type 2 diabetes. Chairman Lee was diagnosed with Type 2 diabetes when he was 33 years old. He called diabetes "a life extender instead of a life ender."

Lee has been living with diabetes for nearly 40 years and has seen things change. When he was first diagnosed, he had to take enough insulin at one time to last him all day, and his insulin had to be packed in ice. Now, he injects himself with an insulin pen that he carries around. He told a powerful story about the first time his blood sugar went too low -- he was in Times Square in New York City and became disoriented. While he was able to get his blood sugar up, he subsequently took such aggressive control of his diabetes that he was able to be off medication for four years.

Lee's message was filled with hope for prevention of Type 2 diabetes. He talked about how exercise and proper nutrition can help avoid some of the complications of diabetes like amputations, blindness, heart attack, stroke and kidney failure.

Dr. Plescia highlighted prevention in his speech about the population impact of diabetes, and he shared some sobering statistics. Plescia said that according to the N.C. State Center of Health Statistics, about 547,000 North Carolinians have diabetes and another 300,000 have pre-diabetes. Diabetes is more prevalent in African Americans

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Diabetes Advocacy Day cont. from page 8

at 13.3 percent and in adults ages 65 and up, where prevalence rates are as high as 20 percent. "North Carolina has the 10th highest rate of prevalence of diabetes in the nation," Plescia said. The national average is 7.3 percent; the prevalence in North Carolina is 8.5 percent.

Plescia also shared with the group the good news about diabetes following landmark studies in 1993 and 1998 that showed if we can decrease the average blood sugar level (A1c—a simple blood test) by as little as one percent, we can reduce the risk of the devastating complications of diabetes. He had praise for the efforts of everyone attending and encouraged

them to continue advocating to combat diabetes in North Carolina.

For more information about diabetes prevention and control or the North Carolina Diabetes Advisory Council, visit www.ncdiabetes.org or call the N.C. Diabetes Prevention and Control Program toll-free at 1-877-362-2678.



Child Development staff gather

In March, the Division of Child Development gathered its nearly 300 staff from across the state for a full staff meeting, lasting a day and a half, to provide continuing education and professional development.

Keynote and breakout session speakers covered a wide range of topics, including subjects specific to early care and education and to employees' overall professional development and personal wellness. Some of the most popular workshop topics were Quality Early Education; How You are Making History: N.C.'s 5-Star Rated License and the National [Child Care] Quality Rating System Movement; Interviewing Subjects of Investigations; Self Awareness for Personal Safety on the Job; N.C.'s Identity Theft Protection Act; and an overview of state retirement and 401(k) benefits.

Workshops were led by experts from the National Child Care Information Center, agents with the State Bureau of Investigation, DHHS Division of Information Resource Management staff, the State Retirement System, and Prudential Investments, as well as other organizations of authority.

Secretary Carmen Hooker Odom and Assistant Secretary Jackie Sheppard both spoke at the event and helped to put DCD's role in the department into perspective. Stephanie Fanjul, former DCD director and newly chosen president of the N.C. Partnership for Children, also spoke.

The meeting gave presenters and others an opportunity to have dialogue with DCD staff and to thank them for the work they do on behalf of children every day. It showed staff how their role fits into the overall division and department mission, and gave everyone a welcome chance to network. ■



Secretary dedicates employee wellness center during Dix Campus Wellness Fair

More than 500 DHHS employees attended the Dix Campus Wellness Fair on April 18 in the Haywood Gym. The gym was dedicated as the new DHHS Employee Wellness Center during the event.

Secretary Carmen Hooker Odom officially opened the Wellness Center and a newly remodeled fitness room, noting that the department is providing the indoor fitness facility in response to employee surveys that identified a place to exercise at work as their number-one wellness need.

The Secretary encouraged employees to exercise regularly by daily using the facility or by walking on campus. "Even a few minutes of daily exercise can make a big difference in staying healthy and avoiding chronic diseases," she said.

The gym will continue to be available for department functions but will primarily serve as a fitness center for employees and will be available from 7 a.m. to 9 p.m., seven days a week. Plans for the center include adding some additional fitness equipment and making activities such as yoga, Pilates, dance, and aerobics classes available during the lunch hour. Employees will be able to participate in classes by paying a small fee directly to the instructor.

DHHS Wellness Director Suzanna Young will focus on expanding the variety of activities offered at the gym based on employee interest and participation levels. Employees currently participate in basketball and volleyball



Secretary Carmen Hooker Odom tries out the treadmill in the fitness room of Haywood Gym during the Wellness Fair. Dave Marsic with Pro Source Fitness Equipment.

team activities during the week, and the gym will continue to be available in the afternoon and evening hours for organized team sports. A schedule of activities and guidelines on use of the facility will be posted soon on the DHHS website.

Access to the gym and fitness room will be with Division of Information Resource Management-issued campus ID. DHHS employees without a DIRM ID who want to use the facility will have to make an appointment with DIRM on Dix Campus to purchase a DIRM ID for \$3. All employees will have to sign a new liability release form for the Wellness Center before their ID will allow access to the facility. Information on signing the liability form and ID access will be provided to employees in the coming weeks.

The Dix Campus Wellness Fair was planned by campus wellness committees and the DHHS wellness director to provide an opportunity for employees to visit the new fitness room and receive instruction on use of the exercise equipment. The fair also provided more than 35 vendors offering health screenings, wellness activities and health information. Hearing screenings as well as fitness and back assessments, and electronic gait and body fat percent analysis were provided free of charge.

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Dix Campus Wellness Fair cont. from page 10

Participants also had an opportunity to observe and participate in short Pilates, martial arts and a salsa dance class. The classes gave employees the chance to learn more about a number of different types of exercise activities so that they could choose an enjoyable activity geared to their level of fitness.

The secretary led a midday half-mile health walk on campus to promote the

many walking clubs that have been started on campus the past year.

During the fair, employees could sign up if they were interested in receiving information on joining a class or team sport at the center. Employees were also able to offer suggestions on the types of activities they would like to see offered at the facility. ■

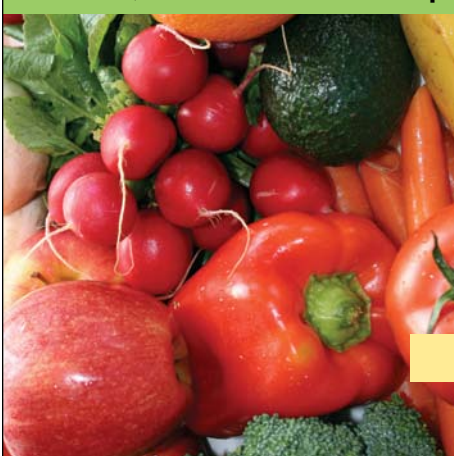


Katherine Andrew and Sarah Gonzales, with Public Health's Physical Activity and Nutrition Branch, provided some information about Eat Smart, Move More to Division of Medical Assistance employees Terri Pennington and Deborah Bowen.



Derrick Finch, who works in Dorothea Dix Hospital general services, gets his spinal screen with help from Rosie Berkes, a chiropractic assistant with Chisolm Chiropractic Center.

Eat Smart, Move More Health Tip



Enjoy More Fruits and Veggies

What are low in calories, full of essential nutrients and can help reduce your risk for chronic diseases? Fruits and vegetables! Make fruits and vegetables half your plate at every meal and for every snack. Fresh, frozen, dried, canned—it all counts. Shake things up by enjoying a variety of colors to stay healthy and fit. Your body will thank you.

For more tips on how to eat your fruits and veggies every day where you live, learn, earn, play and pray, visit

www.EatSmartMoveMoreNC.com



Attention, DHHS managers and all who create PDF documents...

Who cannot read your Acrobat documents? You might be surprised.

How often do you read a document in Adobe Acrobat?

For many of us, computers are integral to our jobs, and Acrobat documents come across our desks regularly.

But if you're visually impaired, Acrobat documents (also known as PDF documents) can be a real barrier.

With the right software, it is easy to create a PDF document. Microsoft Word and Excel have an icon that can simply be chosen and, within minutes, produce a document in PDF.

While everything looks good to the person who created the document, a visually impaired coworker may find the document to be entirely unintelligible.

Ensuring that computer programs and documents can be accessed by people with various disabilities is called "accessibility." And the accessibility of PDF documents is often quite poor.

The department's commitment to accessibility for the web is long-standing. All DHHS websites should follow the technical and accessibility requirements as outlined in the DHHS Policy and Procedure Manual, Section III, Customer Service Communication Guidelines: "Web Accessibility for People with

Disabilities." The manual is on the web (<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dhs>).

But webmasters and others who create PDF documents have not always had the tools or training to make them accessible. If it's a work document that is needed by a blind or visually impaired coworker, it might not be readable. If it's a document for one of DHHS's websites, we're shirking our responsibility to our blind and visually impaired audience.

Making Acrobat documents accessible is not easy to do. In fact, it's quite difficult.

The first challenge is the software program. Acrobat Professional is much more powerful in creating accessible PDFs than Acrobat Standard, but not all people who create PDFs have Professional. It is a much more expensive program. Documents that sail through Acrobat Standard's accessibility test with no issues are shown to have many accessibility issues in Acrobat Professional's accessibility test. Most divisions have at least one copy of Acrobat Professional, but probably most people who create PDFs are using Standard.

The second challenge is technical, and it's a thorny issue. The accessibility features of Acrobat Professional have a very steep learning curve. While the Office of State Personnel offers two training classes in Acrobat, neither of them teaches accessibility.

The third challenge is awareness. Many who create Acrobat documents have not heard about accessibility concerns. If they have heard about them, they may have no clue what to do.

An Acrobat workgroup is being formed to create best practices for the department. If you feel you have something to contribute to this workgroup, please contact Lois Nilsen at 919-715-4394.

In the meantime, some resources for learning about creating accessible PDFs are:

- The Adobe Acrobat website at www.adobe.com/products/acrobat/access_booklet.html.

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Early Intervention serves tots with special needs

North Carolina's Early Intervention program serves infants and toddlers who have problems with their development. These young children (birth to 3 years of age) can be referred to the EI program by anyone – families, child care teachers, pediatricians, or others. Any child who seems to have a disability can be referred. The program is open in all 100 counties.

“When a child is referred, a staff person in one of the program's Children's Developmental Services Agencies (CDSAs) calls the family,” said Deborah Carroll, head of the Early Intervention Branch in the Division of Public Health. “We talk with them about their child's development. Families can choose whether to work with the program. If the family wants to work with the program, we schedule a home visit. We can test the child to find out about his or her needs. If the child is eligible for EI, and the family wants to enroll, a plan is made. Services such as therapy are used, at the child's home or child care center.”

The EI Program works hard to make sure that families whose children are referred are contacted quickly. One program requirement is that the child is evaluated, enrolled if eligible, and a service plan written within 45 days. This is a tremendous challenge, as over 17,000 children are referred to EI every year.

“The EI program made great improvement in this 45-day requirement, and all CDSAs are meeting it,” said Carroll. “This is great news – it means infants and toddlers are getting the help they need, and getting it quickly.”

How did the EI program do this? CDSA staff made many positive changes, for the specific needs of their counties. EI Branch staff in the Division of Public Health supported its CDSAs on these local improvement efforts. Some examples are:

- Seeking out and listening to families' voices on benefits of receiving early intervention services quickly.
- Promoting team work, hard work and dedication of CDSA staff to children and families.
- Developing local processes and procedures to track timelines.
- Developing centralized scheduling systems and monitoring work flow processes for effectiveness and efficiency.



- Developing processes that meet the needs of different areas of North Carolina.

“It's clear that our staff continue the very high quality work for which the EI program is known,” Carroll said. “We look forward to continuing to provide timely and high quality early intervention services to North Carolina infants and toddlers and their families.”

For more information, visit the Early Intervention website at www.ncei.org or call Dr. Deborah Carroll at 919-707-5520. ■

Accessibility cont. from page 12

- An introductory tutorial available at www.document-solutions.com/accessibility_adobe_manual.htm.

Webmasters should be aware of the PDFs that they are asked to place on the web. If you are a webmaster convert-

ing file into PDF format and you don't have access to Acrobat Professional, alert your manager to the need for an upgrade to Acrobat Professional. If others give you PDFs for the web, ask them if any effort was made to make the document accessible.

Keep reading the Employee Update for news about best practices. ■

Get “Quit” Support and Save

Over-the-counter generic nicotine patch copay to be waived for State Health Plan members who take advantage of support services

Quitting smoking is often difficult and may take a smoker several tries to succeed. But quitting can be less of a struggle with tobacco cessation support and the aid of nicotine patches.

As of April 10, N.C. State Health Plan members who receive tobacco cessation counseling are eligible to have the copay waived on over-the-counter (OTC) generic nicotine replacement patches.

“Studies have shown that counseling greatly increases the likelihood that a smoker will be able to successfully stop smoking,” said Dr. Nancy Henley, medical director for the State Health Plan. “This program offers continued support to members who want to improve their health through tobacco cessation.”

Members may receive counseling from their health care provider or may take advantage of free tobacco cessation

support services available through the N.C. Quitline. Copay waivers for the patches will be active at a participating network pharmacy approximately two business days after a member's certification form has been faxed by the health care provider or the Quitline.

Benefits for OTC generic nicotine patches require a prescription and are valid for a 10-week course of therapy. An individual trying to quit smoking will typically need three to four boxes of patches over the course of a 10-week treatment.

Tobacco is the leading preventable cause of death and illness in the United States. In North Carolina, 37 percent of all preventable deaths are attributed to tobacco. However, according to the American Cancer Society, when a person quits smoking the health benefits begin within minutes. In fact, twenty minutes after a smoker quits smoking, he or she will experience decreased blood pressure and heart rate. At 12 hours, carbon monoxide and oxygen levels return to normal. One year after quitting, the excess risk of heart disease will be half that of a smoker's.

For more information about tobacco cessation, visit the State Health Plan Web site at www.shpnc.org, or call pharmacy customer service at 1-800-336-5933. Contact the N.C. Quitline directly by calling 1-800-QUIT-NOW (1-800-784-8669). ■



THE BUSINESS OF

An “Enterprise-Wide” Approach

This is the second in a series of articles that introduce the new DHHS Business Plan and describe the different Business Drivers identified in the Plan (www.ncdhhs.gov/opp/businessplan).

Business Driver #1

N.C. DHHS will employ an enterprise-wide approach in the design and delivery of programs and services for the ultimate benefit of North Carolina residents by:

- Implementing evidence-based practices with an emphasis on prevention;
- Providing seamless access to an array of services that are locally available, client - and family-centric, and outcome oriented;
- Using program funds in a flexible manner that is responsive to changing needs, maximizes outcomes, and meets state and federal requirements; and
- Ensuring access to services by people with disabilities and those who may have special needs relating to language, culture, or ethnicity.

What does “employ an enterprise-wide approach” mean?

Enterprise Resource Planning (ERP) is a well-known concept in manufacturing environments that today has broad application in many types of organizations, including governments and non-profits.

ERP is based on the principle that performance must be both planned and continuously managed. It includes cross-functional financial and operational processes that break through organizational “silos” and touch all areas. Examples include NCFast, with its focus on integrated, family-centered service delivery; and the statewide BEACON project, which is merging agencies’ human resources and payroll functions.

ERP is not limited to technical applications. For example, an enterprise approach to service delivery might involve identifying and coordinating services that complement one another but that originate in different divisions or agencies across the state.

True enterprise planning cannot be done by a few people at the top of the organization chart, particularly in a large decentralized work environment where it is harder to collaborate and share information. It is also proactive rather than reactive, which is sometimes difficult in government agencies, partly because events and legislative action often drive decision-making.

DHHS enterprise planning recognizes the need for a more coordinated and efficient approach to service delivery, from both the operation and programmatic standpoints. The DHHS Business Plan and Enterprise Architecture Plan were developed with primary input from scores of operations and service delivery employees working in every division and office of the department, and not by central planners. So, the Business Drivers that emerged reflect shared priorities across the department.

The enterprise planning strategy will help DHHS establish systems and processes that are flexible enough to withstand ongoing change and allow the department to adapt to changing conditions with greater flexibility and speed. ■

Next Month: *Continuous Improvement*

Adoption Profile

Introducing Carl

Carl says people like him because he is funny and smart. He is quite independent and very creative. Carl has already built a clubhouse and boat in the backyard of his foster home and is now rebuilding a go-cart. He has a wonderful rapport with his foster dad and enjoys spending time with him building and working on projects. Carl also likes to play video games and chess.

Carl is extremely intelligent, but does not like doing the actual school assignments. His desire for good grades always wins out and he does finish his work. Staying on task and following instructions are challenging for Carl. He is learning to take responsibility for his actions, accept rules, and comply with boundaries and limits.



Carl
b. February 1, 1996

A Family for Carl

Carl would most benefit from a strong two-parent family, although he gets along better with male siblings and father figures. He needs a patient, experienced, intelligent family that will not be intimidated by his intelligence and who won't mind his chatter. Carl will need a slow transition to his new family to allow them to get to know one another. He needs to know that regardless of what happens, he is loved and wanted.

For more information on Carl or adoption and foster care in general, call NC Kids Adoption and Foster Care Network toll-free at 1-877-NCKIDS-1 (1-877-625-4371). ■